

Judiciary Electronic Filing and Imaging System (JEFIS) Firm/Attorney Cancellation Form

Note: To submit the Firm/Attorney cancellation form, send via email to

 $\underline{\underline{PublicAccess.mailbox@judiciary.state.nj.us}}, and place "JEFIS Cancellation - (Attorney Laborated Control of Contro$

or Firm Name)" in the subject line of the email.

| | FIRM C | CANCELLATION | | |
|------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------|--|
| Yes, we requ | est our firm to be cancelled in the | Judiciary Electronic Filing and Imagin | ng System (JEFIS) | |
| Firm ID Number: | Name of Firm: | | Collateral Acct. Number: | |
| Street Address: | | | Suite/Floor: | |
| City/State/Zip: | | | | |
| Contact Name: | | Contact Tel | Contact Telephone Number: | |
| Contact Email Address: | | | | |
| | ATTORNE | Y CANCELLATION | | |
| Yes, we recour firm. | | he Judiciary Electronic Filing and Ima | ging System (JEFIS) under | |
| Attorney Bar ID: | Attorney Name: | Firm Name: | | |
| Street Address: | | <u> </u> | Suite/Floor: | |
| City/State/Zip: | | | | |
| Contact Name: | | Contact Tel | Contact Telephone Number: | |
| | REASON FO | OR CANCELLATION | | |
| | | | | |
| | | | | |
| | | | | |
| | ACKNOWLEDGEN | MENT OF CANCELLATIO | N | |
| | | above form is correct. I understand Judiciary Electronic Filing and Im | | |
| Signature | | Date | | |